DATA *at a Glance*

**April 2014**

***The Bureau of Communicable Diseases, HIV/AIDS and Hepatitis Section, HIV Prevention Program conducts HIV research and collects HIV testing and other prevention program data. Each quarter we share data from these initiatives in an effort to inform HIV prevention activities throughout the state.***

Florida HEALTH

## Florida's Capacity for Third-Party Billing and Reimbursement of HIV Testing Services: A Status Report on the Borinquen Medical Center Pilot Project

The capacity for healthcare providers to participate in third-party billing and reimbursement of HIV/AIDS and viral hepatitis services has become increasingly important as we continue to move towards an environment of constrained federal and state funding for HIV/AIDS and hepatitis prevention services. Additionally, implementation of Florida's new Medicaid managed-care system brings changes to services provided to those individuals needing long-term care. Leveraging revenue available through third-party reimbursement will help ensure essential services are provided, benefiting both patients and public health.

The issues associated with third-party billing and reimbursement are complex and vary by insurance provider. The Florida Department of Health, HIV/AIDS and Hepatitis Section implemented a third-party billing pilot project in collaboration with Borinquen Medical Center of Miami-Dade (BMC), a federally qualified health center (FQHC) delivering a comprehensive array of health and support services to the Miami-Dade County community. Phase one of the project began on January 1, 2013, and was funded through December 31, 2013. In January 2013, HIV prevention staff conducted a meeting with the Director of Quality Assurance, Assistant Medical Director, Outreach Coordinator (HIV Testing), Director of Nursing, Revenue Cycle Coordinator and the Director of Information Technology at BMC, along with members of the state health department and the Florida/Caribbean AIDS Education and Training Center (AETC) to discuss the facility's policy and protocol on HIV testing; the parameters on routinizing HIV testing; creating an electronic encounter/record to track testing; identifying all procedure codes used to bill for HIV testing/counseling; and how to involve Health Choice Network (HCN) to standardize the process across 14 FQHCs within the state.

On March 1, the BMC Assistant Medical Director agreed to approve all HIV testing encounters, allowing BMC to begin billing for HIV counseling and testing services. As of December 31, 2013, the provider tested 2,193 individuals for HIV as part of a routine healthcare visit who either had insurance or who were self-pay and agreed to be billed for the HIV tests. All tests are billed using the CPT Code 86703 (Antibody; HIV-1 and HIV-2, single assay), along with modifier 92. As shown in Figure 1, of the 2,193 individuals billed for HIV testing services, 35 were billed through a special contract (Outpatient Ryan White, Lotus House and Village South), 74 had Medicaid, 6 Medicare, 47 had a form of managed care Medicaid, 12 had a form of managed care Medicare, 29 had private insurance and 1,990 were self-pay. Figure 2 shows the receipts received by each individual payor for the entire project period. The average rate charged for an HIV test was $26.00, while the highest rate received was only $18.00 through self-pay (billed on a sliding fee-scale) and $11.40 through private insurance (contracted rate agreement with AETNA). A total of 2,115 claims have been denied, the majority due to late claims, invalid/incorrect diagnosis codes, member eligibility or the services not being a part of the original contract. Of the denied claims, 1,817 are being evaluated for resubmission.

Figure 1. Volume – Insurance Payers

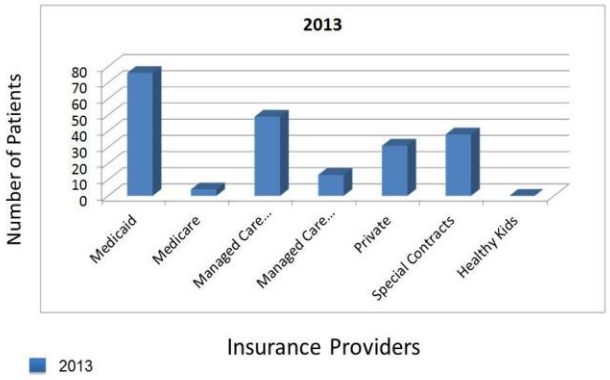
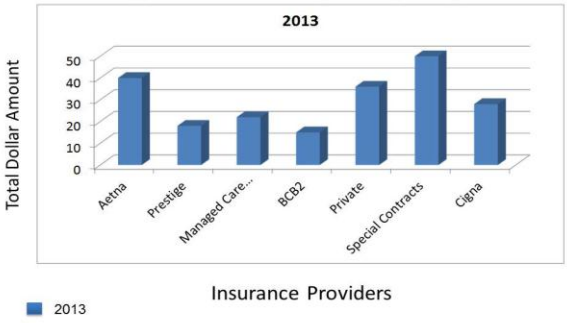



Figure 2. Receipts by Payor




**Challenges/Barriers:** To date, the provider has successfully billed Medicaid for pre/post-test counseling, but has yet to bill Medicaid for the actual HIV test as the test is part of the bundled rate agreement for lab services. Pre/post-test services cannot be billed on the same date, and often Medicaid denies the pre-test (99401) billing code as it is seen as a part of an encounter rate. Commercial payers pay by contract. Each contract has a varied rate of payment which must be negotiated by the provider. Coordinating efforts among different levels of staff, (ex. IT, finance, outreach, providers and para-professionals) who may not be accustomed to working together can be difficult. Buy-in from the board of directors to bill for services the agency has historically been funded to provide was difficult to obtain. The agency also found it difficult to stay abreast of the various services/procedures that may potentially permit HIV testing billing through the many insurance plans.

**Lessons Learned:** This project has enforced the importance of ongoing and regular audits/monitoring of processes to ensure appropriateness and accuracy in outcomes/results. BMC has identified that not every staff person has the capacity to provide an HIV test or the post-test counseling session, and that on-going advocacy and policy work are needed to ensure the success of billing for HIV testing services. BMC is currently in phase two of the billing project which began on January 1, 2014, and will be funded through December 31, 2014. Phase two of the project will focus on correcting billing errors from phase one, resubmitting denied claims for payment, preparing to negotiate HIV testing rates within insurance contracts and conducting symposiums to other healthcare providers in Florida on billing for HIV testing services.